

L17000206149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

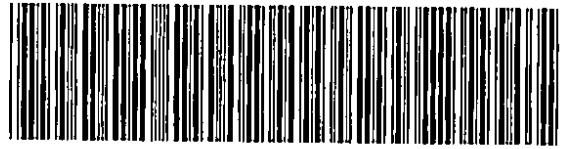
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
NOV 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CloudNet Services LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Austin Dale

Name of Person

CloudNet Services

Firm/Company

288 E Olive Rd. APT #1A

Address

Pensacola / FL / 32514

City/State and Zip Code

a1b45@tuta.io

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin Dale

Name of Person

at (

516

) Area Code

655-6231

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: CloudNet Services LLC

SECOND: The Florida Document Number of the limited liability company is: L17000206149

THIRD: The street address of the limited liability company's principal office is:

288 E Olive Rd Apt #1A
Pensacola FL 32514

The mailing address of the limited liability company's principal office is:

288 E Olive Rd Apt #1A
Pensacola FL 32514

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Austin Dale

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Austin Dale

b. No authority granted to: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Austin Dale
Signature of authorized representative

Austin Dale
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)